U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

Name PATRICK A HILLY

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

1/ 1/200 Athrough: 12/31/04

Name LOCAL 147 TUNNEL COURFERS
Labor Organization File Number 147 002 /12

P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 814 Sarf ST	Street 4332 KATONAH AUENUE
City LINSEN HUIST	City BRONX
State NEWYORK ZIP Code + 4/1757	State NEWYORK ZIP Code +4 /0470
5. Position in labor organization. RECONDING SECTETATY	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any). ,	7.a. Nature of Interest, Transaction, or Income.
Name Schiacons/Frontzer Kemper/S/484	WAGES
Trade Name, if any: Transl Cuerkers	
P.O. Box, Bldg., Room No., if any PO BOX 1589	7.b. Amount.
Street 150 MEANOWIANDOS PLLWS	
city SECAUCUS	745.78
State NEW Jersey ZIP Code + 40 7044 1589	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Poto 1948 on 8/1/105 (631) 225-1427	

Date

Telephone Number